

Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services
Children and Adolescents Mental Health Services Initiative Cover Form

Client Information:

Client Name: _____ CSB Client ID #: _____ DOB: _____
5/8 CAFAS Score: _____ 4/7 PECFAS Score: _____ Date Given: _____
Race: _____ African-American _____ Caucasian _____ Hispanic _____ Asian _____ Other _____ Sex: _____ Male _____ Female
Referral Source: _____ Private Provider _____ Juvenile Justice _____ CSB _____ CSU _____ DSS _____ Parent _____ Health Dept.
_____ Public Schools _____ Other: _____

Brief Summary of problems leading to service need: (include DSM diagnosis if applicable and current medications)

Plan & Locality Information:

Type of Plan: _____ New ISP/ISFP _____ Revised ISP/ISFP _____
Date of FAPT: _____ Date of CPMT meeting: _____
CSB: _____ CPMT Locality _____
Licensed CSB person
overseeing plan: _____ Phone: () _____

CPMT/FAPT Agreement:

The local CPMT/FAPT has approved the ISP/ISFP for utilization of Initiative Funds for this case and certifies that this youth's service plan, or elements of this plan for which the funds are being requested are not currently being funded.

Authorized CPMT Representative
(please print)

Signature

Date

Amount Approved

CSB Agreement:

The CSB above certifies that the information given is correct and that the service plan or elements of the service plan are not currently being funded and that this youth meets the criteria for Child and Mental Health Priority Population. The CSB understands and will comply with the procedures outlined in the current Children and Adolescent Mental Health Services Initiative FY2002. The CSB understands that outcomes are monitored through DMHMRSAS concurrent review process, Performance and Outcome Measurement System (POMS) for children and other methodologies.

Authorized CSB Representative
(please print)

Signature

Date

Please Check:

____ FAPT IFSP or CSB ISP attached _____ Individualized Services Plan Summary Form(DMHMRSAS form) Attached
____ CAFAS or PECFAS Scoring Summary Sheet Attached